

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
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46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		17		17		
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
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TOTAL DEP.						
TOTAL CLAIMS						